



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

FEB 17 2005

Mr. Roger Machson
President
Onyx Medical, Inc.
445 Coloma Street
Sausalito, California 94965

Re: K041679

Trade/Device Name: Cold Light; Cold Light MD; and Gossamer Dermilight
Regulation Number: 21 CFR 890.5500
Regulation Name: Infrared lamp
Regulatory Class: II
Product Code: ILY
Dated: October 26, 2004
Received: October 28, 2004

Dear Mr. Machson:

This letter corrects our substantially equivalent letter of December 16, 2004 regarding the Indications for Use page. The device should be OTC, not Prescription.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

for *Miriam C. Provost*
Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative
and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number: K041679

Device Name(s): Cold Light; Cold Light MD; and Gossamer DermLight

Indications For Use:

The Cold Light, Cold Light MD, and Gossamer DermLight are indicated for use as follows:

To provide topical heating for the temporary relief of minor muscle and joint pains and stiffness,

the temporary relief of minor joint pain associated with arthritis,

the temporary increase in local blood circulation where applied,

the relaxation of muscles, and

help muscle spasms, minor sprains and strains, and minor muscular back pain.

Prescription Use _____
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The Counter Use X
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

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Miriam C. Provost
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

510(k) Number K041679